

This box to be completed by DCS Family Case Manager

Type of placement: ☐ Emergency placement ☐ Non-emergency placement
 County: _____ Case Name or ICWIS Number: _____
 Date: _____ Time: _____
 Name: _____ Signature: _____

PRIMARY SUBSTITUTE CAREGIVER

*These fields are mandatory and must be completed. Additionally, FCM must provide this information when requesting a Name-Based Check.

Verification of Identity*		<input type="checkbox"/> Valid Driver's License		<input type="checkbox"/> Valid State ID Card	
		<input type="checkbox"/> Work / School ID		<input type="checkbox"/> Other: _____	
Full legal name*					
Previous names (maiden/alias, etc)					
Date of birth (mm/dd/yy)*					
Place of birth (city, state)					
Social Security Number					
Gender*		Race*		Height*	
Weight*		Eyes*		Hair*	
Current address* (street address, city, state, zip):					
List all counties/states resided in for past 10 years:					
I <input type="checkbox"/> have <input type="checkbox"/> have not been convicted of an adult crime. (If convicted, please describe below:)					

List all children (less than 18 years old) living in the home below:

Full name	Date of birth	Age**	Social Security Number

**If child is 14 years and older, complete a copy of the form "Additional Individual Submitting to Background Check" so he/she can be fingerprinted

To be signed by the primary substitute caregiver submitting to the background check:

I have provided the information on this form for the purposes of a criminal history and background check.
 My signature authorizes the necessary checks to be conducted on myself and all children listed above:

Date:		Printed name:	
Signature:			

LAW ENFORCEMENT PERSONNEL

Please attach a copy of this form to the individual's fingerprint card and mail to:
 Attn: Kenneth O'Hare, Records Division, Indiana State Police, Indiana Government Center North,
 100 North Senate Avenue, Indianapolis, Indiana, 46204-2259.